

Registration District No. 50

Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>BATH</u>		2. USUAL RESIDENCE a. STATE <u>KY</u> b. COUNTY <u>BATH</u>	
b. CITY (if outside corporate limits, write RURAL and give township) <u>SALT-lick, Ky.</u>		c. LENGTH OF STAY (in table place) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) <u>FANNIE</u>		b. (Middle) <u>DAVIS</u>	
5. SEX <u>FEMALE</u>		8. DATE OF BIRTH <u>OCT 13-1875</u>	
6. COLOR OR RACE <u>WHITE</u>		9. AGE (in years, months, days) <u>87</u>	
10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. FATHER'S NAME <u>ELIJAH SPROLL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. WAS DECEASED (Yes, no, or unknown) <u>EVER IN U.S. ARMED FORCES?</u>		14. SOCIAL SECURITY NO.	
15. MEDICAL CERTIFICATION		16. INFORMANT <u>MATTIE BROWN</u>	
17. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a) stating the underlying cause last <u>Generalized Arteriosclerosis</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>10 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20. ACCIDENT SUICIDE HOMICIDE		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 28.)	
21b. TIME OF INJURY Hour Month, Day, Year		21c. CITY, TOWN, OR LOCATION COUNTY STATE	
21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION COUNTY STATE	
22. I hereby certify, that I attended the deceased from <u>June</u> , 1962, to <u>June</u> , 1963, that I last saw the deceased alive on <u>16 Jun</u> , 1963 and that death occurred at <u>4:20 P.M.</u> from the causes and on the date stated above.			
23a. DATE SIGNED <u>6/19/63</u>		23b. ADDRESS <u>Birmingham, Ky.</u>	
23c. SIGNATURE <u>[Signature]</u>		23d. NAME OF CEMETERY OR CREMATORY <u>CERN</u>	
23e. LOCATION (City, town, or county) (State) <u>SALT-lick-BATH KY</u>		23f. DATE REC'D BY <u>6/19/63</u>	
23g. REGISTRAR'S SIGNATURE <u>[Signature]</u>		23h. FUNERAL DIRECTOR <u>[Signature]</u>	

MEDICAL CERTIFICATION